

| | | | | |
|--|---|--|---|-------------------|
| PLAINTIFF | Paul Denton | | COURT CASE NUMBER | 07-2670 |
| DEFENDANT | USA et al | | TYPE OF PROCESS | Summons/Complaint |
| SERVE | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Federal Bureau of Prisons-Harley Lappin, Director | | | |
| → | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 320 First Street, NW, Washington, DC 20534 | | | |
| AT | | | | |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | | | Number of process to be served with this Form - 285 | |
| Paul Denton 29485044-FCI Memphis P.O. Box 34550 Memphis TN 38184-0550 | | | Number of parties to be served in this case | |
| | | | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

See Attached Order etc.

UNITED STATES MARSHALS
WEBSITE: www.usmarshals.gov
TENNESSEE

2008 JAN 30 PM 3:29

| | | | |
|---|------------------------------------|------------------|---------|
| Signature of Attorney or other Originator requesting service on behalf of | <input type="checkbox"/> PLAINTIFF | TELEPHONE NUMBER | DATE |
| Thomas M. Gould, clerk | <input type="checkbox"/> DEFENDANT | 901-495-1200 | 1/29/08 |

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|------------------------|-----------------------|--|---------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. | District to Serve No. | Signature of Authorized USMS Deputy or Clerk | Date |
| | | 16 | 76 | C. J. Hussey | 1/30/08 |

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

| | | |
|-------------------------------------|------|----|
| Date of Service | Time | am |
| 2/11/08 | 2:20 | pm |
| Signature of U.S. Marshal or Deputy | | |
| O. Kelly | | |

| | | | | | | |
|-------------|---|----------------|---------------|------------------|-----------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal | Amount of Refund |
| 45.00 | 800 | 53.00 | 53.00 | | | |

REMARKS:

1/30/08-Certified Mail-700714900003005

2/11/08-Return Receipt Received

RECEIVED
2/11/08
PM 2:07

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Federal Bureau of Prisons
 Harley G. Lappin, Director
 320 First Street NW
 Washington, DC 20534

07-2670

2. Article Number (Copy from service label)

| | |
|---|---------------------|
| A. Recipient (Please Print Clearly) | B. Date of Delivery |
| <i>Harley G. Lappin</i> | <i>2-4-08</i> |
| C. Signature | |
| <i>X Sean T. Shanahan</i> | |
| <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |

| | |
|--|--|
| 3. Service Type | <i>05 : 11 AM 11-8-08-002</i> |
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> <i>00000000000000000000000000000000</i> |
| 4. Restricted Delivery? (Extra Fee) | |
| <input type="checkbox"/> Yes | |

7007 1490 0000 4189 3065

PS Form 3811, July 1999

Domestic Return Receipt

102505-09-14-1789